



Ride Along Liability Release

Cimarron Hills Fire

A Community Centered *Family* Department

I (full name) _____ state that I am over the age of 18, and I hereby request permission to ride as an **observer** accompanying the Cimarron Hills Fire Department. I authorize the Cimarron Hills Fire Department (CHFD) to conduct a CBI/NCIC background check prior to approval. **A copy of my driver's license is attached.**

Date of Birth: ___/___/___ **Social Security Number:** _____ **DL #** _____

Address: _____

Email: _____

Home Telephone: (____) _____ **Mobile Phone:** (____) _____

Current Employer: _____ **Position:** _____

Requested Ride Date: ___ / ___ / ___ **from the hours of** ___ **to** ___ **at CHFD Station 1, located at 1885 Peterson Rd. Colorado Springs, CO 80915**

I agree to abide by any and all applicable rules and regulations of the Department. I understand that no photos, video or audio recordings are permitted without express permission of the Company Officer. This form is valid for one year upon approval by Cimarron Hills Fire Department Administration.

I hereby release the Cimarron Hills Fire Protection District, its servants, agents, and assignments, from any liability or responsibility for any bodily injury or damage to property while participating in the above activity, and agree to follow any lawful direction given to me by members of the Cimarron Hills Fire Protection District during this period.

Rider: _____
Signature Date

In case of an emergency, the following individual is to be notified:

Name Phone Relation

Address

FOR OFFICE USE ONLY:

Chief Officer: _____
Printed Signature Date

RIDER APPROVED FOR FUTURE RIDE-ALONG: Approved Denied (Attached Denied Narrative)